

**PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
(20) 505-5453**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2		/		/			52	
3		/		/			53	
4		/		/			54	
5		/		/			55	
6		/		/			56	
7		/		/			57	
8		/		/			58	
9		/		/			59	
10	/		/				60	
11		/		/			61	
12		/		/			62	
13		/		/			63	
14		/		/			64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
<b>TOTAL IND.</b>			2				<b>TOTAL IND.</b>	
<b>TOTAL DEP.</b>			12				<b>TOTAL DEP.</b>	
<b>TOTAL CLAIMS</b>			14				<b>TOTAL CLAIMS</b>	